



TOWN OF WELLESLEY - BUILDING DEPARTMENT
RESIDENTIAL BUILDING PERMIT APPLICATION
(One- or Two- Family Dwellings)

PURSUANT TO MA STATE BUILDING CODE - 780 CMR

For Office Use Only

APP # _____

Date _____

PLEASE COMPLETE ALL SECTIONS IN FULL

SECTION 1 - DESCRIPTION OF PROPOSED WORK - check all applicable					
One-Family Dwelling (R-4) <input type="checkbox"/>			Two-Family Dwelling (R-3) <input type="checkbox"/>		
New Construction <input type="checkbox"/>	Addition <input type="checkbox"/>	Alteration <input type="checkbox"/>	Repair <input type="checkbox"/>	Accessory Structure <input type="checkbox"/>	Demolition <input type="checkbox"/>
Swimming Pool <input type="checkbox"/>	Fence <input type="checkbox"/>	Other <input type="checkbox"/>	Please Specify _____		
Description of Proposed Construction / Scope of Work				Sewage Disposal System	
				Municipal <input type="checkbox"/> Private <input type="checkbox"/>	
				Water Supply (M.G.L. c. 40, § 54)	
				Municipal <input type="checkbox"/> Private <input type="checkbox"/>	

SECTION 2 - PROPERTY ADDRESS & OWNERSHIP	
2.1 Property Address (Number and Street)	2.2 Unit / Suite
2.3 Property Owner of Record	
Name (Print)	Mailing Address
Telephone	If new owner, Book / Page and Date title recorded

SECTION 3 - CONSTRUCTION SERVICES --- MUST be filled out UNLESS homeowner has submitted a Homeowner Builders' License Exemption form.		
3.1 Licensed Construction Supervisor		
Name (Print)	License Number	
Address	Expiration Date	
Telephone	Cell	Wellesley Registration Number (CID)
3.2 Registered Home Improvement Contractor		
Company Name	Registration Number	
Address	Expiration Date	
Telephone	Cell	Wellesley Registration Number (CID)
3.3 Architect		
Name		
Address		

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 26C(6)) - Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of a building permit.

SECTION 5 - ZONING COMPLIANCE / CERTIFIED PLOT PLAN - Please complete the sections on the reverse of this application for ALL PROJECTS OTHER THAN INTERIOR REMODELS.

SECTION 6 - ESTIMATED CONSTRUCTION COSTS --- Including Building, Electrical, Plumbing, Mechanical (HVAC), & Fire Protection Work	PLEASE ROUND TO NEAREST THOUSAND	\$ _____
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SECTION 7 - APPLICATION DECLARATION	
<p>I (we) the undersigned, as permit Applicant(s), herby declare that the statements and information on the foregoing application are true and accurate, to the best of my (our) knowledge and belief.</p> <p>Signed under the pains and penalties of perjury.</p>	
Owner Signature *	Date
Construction Supervisor Signature (required if identified above)	
Date	
* If the owner has authorized an agent to act on his/her behalf, please include a signed authorization letter with this application.	

SECTION 5 - ZONING COMPLIANCE / CERTIFIED PLOT PLAN

5.1 Certified Plot Plan

NOTE: By sealing / stamping this plot plan, the Registered Land Surveyor certifies that the proposed construction is in accordance with the Town of Wellesley Zoning By-Laws.

Land Surveyor Signature

Date

Address

Telephone

FOR ALL BUILDINGS ON THE PROPERTY

5.2 Lot Area / Coverage

Lot Area (SF)

Proposed Lot Coverage (SF)

Proposed Lot Coverage (%)

FOR THE BUILDING TO BE CONSTRUCTED OR ALTERED UNDER THIS PERMIT

5.3 Building Height / Area

Footprint New Construction (SF)

Proposed Total Footprint (SF)

Height of Building (FT)

5.4 Living Area

Gross SF

Finished

Unfinished

5.5 Rooms

Total # Rooms

Bedrooms

Full Bathrooms

Half Bathrooms

For Office Use Only

APPLICATION #



RESIDENTIAL
BUILDING PERMIT

Property (Number and Street)

Date Permit Granted

Reviewed By

Fees Collected:

Permit

Microfilming

Advertising

Cert. of Occ.

TOTAL \$